

**COMMITTEE ON DENTAL AUXILIARIES****THE DENTAL BOARD OF CALIFORNIA**

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APPLICATION FOR SUBJECT MATTER EXPERT AND SITE EVALUATION TEAM MEMBER

Name		License No
Home Address		Home Phone ()
Business Address		Business Phone ()
Practice in which you currently work: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Public Health <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Educator </div> <div style="width: 30%;"> <input type="checkbox"/> Orthodontics <input type="checkbox"/> Endodontics <input type="checkbox"/> Other (please specify) _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Periodontics <input type="checkbox"/> Pediatric Dentistry </div> </div>		
Please indicate in which of the following area(s) you will be available for site visit participation: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 25%;"> <input type="checkbox"/> San Francisco <input type="checkbox"/> San Jose <input type="checkbox"/> Modesto </div> <div style="width: 25%;"> <input type="checkbox"/> San Diego <input type="checkbox"/> Fresno <input type="checkbox"/> Stockton </div> <div style="width: 25%;"> <input type="checkbox"/> Los Angeles <input type="checkbox"/> Bakersfield <input type="checkbox"/> Chico </div> <div style="width: 25%;"> <input type="checkbox"/> Sacramento <input type="checkbox"/> Visalia <input type="checkbox"/> Santa Maria </div> </div>		
Please check all categories that you have served in the dental profession: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Clinician <input type="checkbox"/> Full-time Faculty </div> <div style="width: 30%;"> <input type="checkbox"/> Guest Lecturer <input type="checkbox"/> Part-time Faculty </div> <div style="width: 30%;"> <input type="checkbox"/> Essayist </div> </div>		
Please list all other certifications, registrations, and licenses you currently hold: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>		

Please attach a copy of curriculum vita/resume to this application.

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DENTISTS AND RDA EDUCATORS

Dentists and RDA educators who participate in the site evaluation process for RDA educational programs must meet certain requirements. Please answer the following questions:

Do you have current CPR certification? _____ (Please attach a copy)

Please provide 2 references from the dental profession: (name, address & phone)

1. _____

2. _____

Please list any professional organization(s) of which you are a member:

_____	_____
_____	_____
_____	_____

Do you have experience in curriculum development? _____

If so, when? _____ Where? _____

RDA EDUCATOR

In addition to the above general requirements, please indicate additional certifications held:

☐ Coronal Polish

☐ Radiation Safety

☐ Pit and Fissure

☐ Ultrasonic Scaling

Do you have at least 5 years teaching experience in an approved RDA program? _____

Where? _____

When? _____ What capacity? _____

Are you currently teaching in a fully approved RDA program? _____

If so, where? _____

Please list your most recent education in the following areas:

Curriculum Review: _____

Infection Control: _____

Teaching Methodology: _____

Objectively Based Teaching and Evaluation: _____

Laws and Ethics: _____

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Please use the space below to summarize those qualifications that you believe you possess that would demonstrate your ability to serve as a Subject Matter Expert on the Site Evaluation Team:

I understand that the position of consultant for the Committee of Dental Auxiliaries is an “at will” position meaning the committee can terminate my employment at any time without notice and without cause. I certify under penalty of perjury under the laws to the State of California that the information on this application and attached resume are true and correct.

Applicant Signature

Date